PATENT APPLICATION DOCKET NO. 2478.2018-001

IFW



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

John M. Williams

Application No.:

10/719,055

Group:

1614

Filed:

November 21, 2003

Examiner:

Gembeh, Shirley V.

Confirmation No.:

9135

For:

INHIBITION OF CHRONIC TISSUE TRANSPLANT REJECTION

#### CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:

Signature

Typed or printed name of person signing certificat

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Reply for filing in the above-identified application.

[]	Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been
	established by a Small Entity Statement previously submitted.

[]	A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and
	1.27 is enclosed

### The claims fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		PRI	GHEST NO. EVIOUSLY AID FOR	PRESENT EXTRA
TOTAL	26	MINUS	*	26	0
INDEP	5	MINUS	**	5	0
	FIRST PRESENTA	ATION O	F MU	JLTIPLE DE	P. CLAIM

		SMALI	JENIIIY	_
	R	ATE	ADDIT. FEE	<u>OR</u>
	х	\$ 25	\$	
	x	\$100	\$	
	+	\$180	\$	
-				-

		SMALI	. E	NTITY
2	R	ATE		ADDIT. FEE
	х	\$50	\$	0
	х	\$200	\$	0
	+	\$360	\$	

OTHER THAN

- not fewer than 20
- \*\* not fewer than 3
- .
- TOTAL= \$ \_\_\_\_0\_\_

TOTAL= \$ \_\_\_\_0

# The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)

SMALL	ENTITY
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Rate	Total Amount Owed
X \$125	<b>\$</b> [ ]

OTHER THAN
SMALL ENTITY

Rate	Total Amount Owed
X \$250	<b>\$[</b> ]

	Payment ficient for up to
[	] Sheets

## **Petition for Extension of Time**

[X] Applicant hereby petitions to extend the time to respond to the Office Action dated June 2, 2006 for one month from September 2, 2006 to October 2, 2006. The appropriate fee is set forth below.

[ ]	Petition for [	month Extension of Time	\$	
[]	Claims Fee		\$	_
[ ]	Application Size Fee		\$	
[ ]	Other Fees:			
			- \$	
			_ \$	<del>.</del>
		TOTAL:	\$	(
heck i	is enclosed in payment (	of the following fees:		
[X]	Petition for one month	Extension of Time	\$	120
[ ]	Claims Fee		\$	
[ ]	Application Size Fee		\$	
[ ]	Other Fees:			
			•	
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			- \$ _ \$	
		TOTAL:	- \$ \$ \$	120
mat	ase charge any deficiency			nis
mat	ase charge any deficiency tter to Deposit Account N	TOTAL:  y or credit any overpayment in the fees that may be No. 08-0380. A copy of this letter is enclosed for a	ccounting	nis